

dolens by some practitioner, ab initio; but our own experience obliges us to say of it, that we have either been very unfortunate in our *lot* of patients of this kind, or if this be not so, that those, who have professed to have derived advantage from it, have mistaken œdema for phlegmasia dolens. For we certainly have never met with a case of this disease, that could bear without severe complainings the weight of the bed-clothes upon the affected limb, much less a tightly drawn bandage. We however must be honest, and confess, that we have ever been deterred from the application of the bandage in the early stage of the disease, from the presence of so much sensibility in the part; in the last stage, we have known peculiar benefit, derived from its use.

It is almost a constant sequence, that after all inflammation has disappeared, that the limb will remain swollen and feeble. For this condition, much advantage is derived from bandages, frictions with the dry hand, fumigating the limb with the smoke of burning rosin, and exercise in a carriage. The fumigation is conducted as follows; the patient's limb is to be placed across a tub, in the bottom of which there is a small chaffing dish with hot embers. A little powdered rosin is to be strewn upon the embers, and the fumes to be prevented from escaping by having a blanket spread over the limb and tub—this may be repeated twice a day.

It will be proper to observe that the limb should be kept a little elevated during the whole of the disease; this is best done by a board well protected by pillows, and placed under the leg, with its lower end raised as high as the patient's feelings will permit.

After the febrile symptoms have disappeared, the patient's diet may be a little more generous; she may take thin chocolate; a few oysters, chicken water, or soft boiled egg, &c.; and if there be much debility, any of the tonics in common use may be employed with advantage: and these will be aided by a well-regulated system of exercise, which must of course be left to the discretion of the physician, and to the circumstances of the patient.

ART. XI. *Some Account of a Case of Paruria Inops, (Good,) or Paralysis of the Kidneys.* By GEORGE HAYWARD, M. D. of Boston.

THIS disease, in which, according to Dr. Good, the "urine is unsecreted by the kidneys," and there is "no desire to make water, nor sense of fulness in any part of the urinary track," is of very rare occurrence. No writer but Sir HENRY HALFORD, that I am aware of, No. IX.—Nov. 1829.

is in each case the organ primarily affected. To enable it to perform its functions well, it must be regularly supplied with what is called arterial blood, that is, blood that has been freed of its excrementitious part. But when impure blood is sent to it, it instantly ceases to act if the impurity be great, and immediate death is the consequence. If the noxious principles have been in part removed by the lungs, skin, and kidneys, the effects are not so sudden or violent; coma, however, usually comes on, which gradually increases, if the cause continue, till it terminates in death. When the kidneys, therefore, fail to secrete urine, and thus rid the blood of a part of the excrementitious matter which it contains, the functions of the brain are soon disturbed, and death ensues, unless, as sometimes happens, another organ performs a vicarious office for them.*

Boston, August 8th, 1829.

ART. XII. *Remarks on the use of Spirit of Turpentine in Incarcerated Hernia.* By C. B. HAMILTON, late Surgeon of the Marine Hospital at Washington City.

IN the last number of this Journal I have noticed a paper, by Professor SEWALL, on the use of the spirit of turpentine internally as a remedy in incarcerated hernia. In his concluding paragraph the professor observes, "it requires the experience derived from many cases, to entitle a new remedy to confidence:" and it may be added that a proper application of a remedy to those diseased conditions of the system, in which, from analogy and reason confirmed by experience, it is found to prove beneficial, is equally necessary to sustain that confidence when it is acquired.

I have for many years used the spirit of turpentine in incarcerated hernia, without being aware that it was a new remedy, and without its being in every instance successful, for in one case in which I employed it as a dernier resort, upon the patient's positively refusing to submit to an operation, no mitigation of the disease, but rather an

* [The preceding case of a disease of unfrequent occurrence, is by a distinguished and judicious practitioner, and presents many points of interest. We may be permitted, however, to remark, that we have been led to entertain different views of the pathology and treatment of the disease, from those of our esteemed correspondent, and we shall probably take an early opportunity of laying them before our readers.]—ED.